

October, 1952
Vol. XIII, No. 10

Bulletin
on Current
Literature

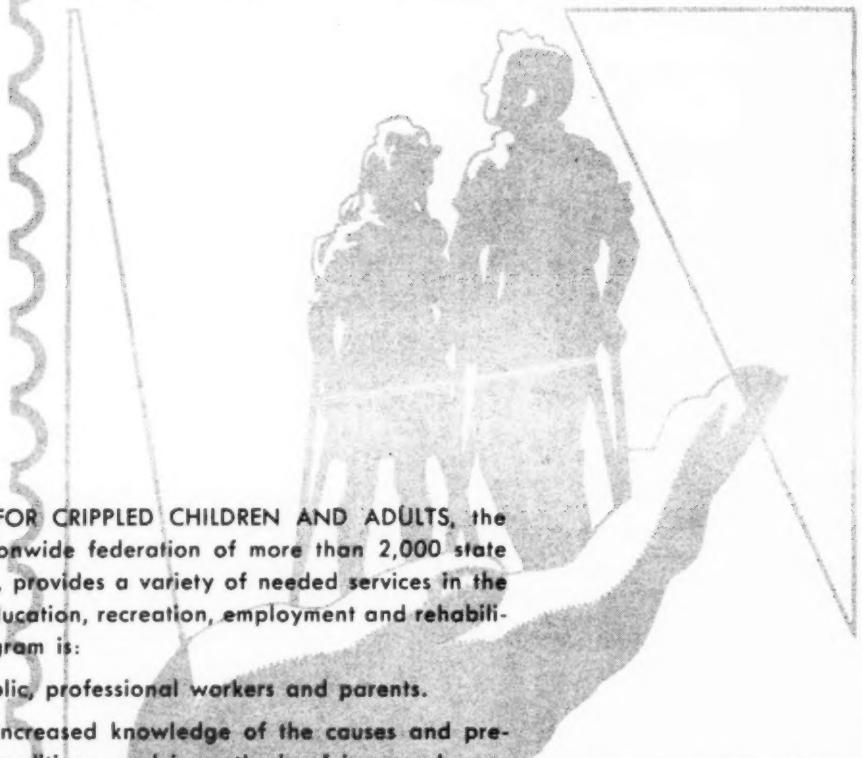


The monthly bibliography for
workers with the handicapped

This bibliography is compiled by the Library of the National Society for Crippled Children and Adults. The library does not stock copies of publications for sale. The publisher and price is listed, when known, and orders should be sent directly to the publisher. These publications have been added to the loan collection of the Library, a service which is extended to organizations and individuals whose local resources are so limited as to make information otherwise unavailable.

NATIONAL SOCIETY
for
CRIPPLED CHILDREN and Adults, Inc.
11 SO. LA SALLE ST., CHICAGO 3, ILL
THE EASTER SEAL AGENCY

HELP CRIPPLED CHILDREN



1952

THE NATIONAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS, the Easter Seal agency, a nationwide federation of more than 2,000 state and local member societies, provides a variety of needed services in the fields of health, welfare, education, recreation, employment and rehabilitation. Its three-point program is:

EDUCATION of the public, professional workers and parents.

RESEARCH to provide increased knowledge of the causes and prevention of handicapping conditions, and in methods of improved care, education and treatment of the handicapped.

DIRECT SERVICES to the handicapped, including case finding, diagnostic clinics, medical care, physical, occupational, and speech and hearing therapy, treatment and training centers and clinics, special schools and classes, teaching of the home-bound, psychological services, vocational training, curative and sheltered workshops, employment service, camps, recreational services, social services, and provision of braces, appliances and equipment.





Among the periodicals recently added to the Library's periodical list that may be of particular interest to users if the BULLETIN ON CURRENT LITERATURE are:

Bulletin, American Rehabilitation Committee, 28 E. 21st St., New York, N.Y. Vol. 1, no. 1, July, 1952. Bimonthly. Apply.

Indian Journal of Child Health, published by the Association of Pediatricians of India, Back Bay View, New Queen's Road, Bombay 4, India. Vol. 1, no. 3, March, 1952. Monthly. Subscription (foreign): Rs. 15; single copies, Re. 1.

Mental Health, published by the National Association for Mental Health, Maurice Craig House, 39 Queen Ann St., London, W.1, England. Summer issue, 1952, vol. 11, no. 3. Quarterly. Subscription: 5s.

**

**

**

**

**

ACCIDENTS

801. Price, J. P.

Accidental poisonings in children. G.P., General Practitioner. August, 1952. 6:2:53-60.

This paper is limited to a discussion of accidental acute poisonings seen most frequently in children, the forms in which the poison may be obtained by the child, symptoms that may arise, and both immediate and subsequent treatment. Accidental poisoning of children can only be prevented by a vigorous campaign of education on the part of the physician.

AMERICAN OCCUPATIONAL THERAPY ASSOCIATION—PROCEEDINGS—1951

802. Abstracts from the American Occupational Therapy Association Institute, 1951.

Am. J. Occupational Therapy. July-Aug., 1952. 6:4.

Entire issue devoted to abstracts of papers presented.

Theme of the 1951 Institute was: Medical literature, how to read, write and use it.

Contents: Skills for professional reading, Donald D. Durrell.—The twenty-five books that our occupational therapy department has found most helpful, Robert W. Hyde.—Resources of the library, Eleanore Ashton Lewis.—The Journal Club as an occupational therapy workshop, Ellen Neall Duvall.—Readable writing techniques, David Manning White.—Writing the scientific paper, Sidney Licht.—Illustrating techniques, Charlotte Ritter.—The mechanics of publishing, Lucie Spence Murphy.—Interesting others through popular magazines, Margaret O'Rourke.—Interesting others through the newspapers, Rudolph F. Elie.—Literature as a measure of a profession's maturity, William J. Haggerty.—Summary of the evaluation clinic, Sidney Licht.

AMPUTATION—EQUIPMENT

803. Cantly, Thomas J.

Amputations and recent developments in artificial limbs. U. S. Armed Forces Med. J. Aug., 1952. 3:8:1147-1152.

Absence of mortality in amputation operations performed at Naval Amputation Center may be attributed to 1) use of vast quantities of whole blood, 2) administration of chemotherapeutic agents in large doses, 3) specialization in amputations, and 4) early post-operative ambulation. A discussion of operative and post-operative procedures used at the Naval Amputation Center, and the newly developed prostheses being furnished to Korean amputee casualties.

AMPUTATION--PHYSICAL THERAPY

804. Hopkins, Jessica A.

Advanced skills for the bilateral above-knee amputee. Physical Therapy Rev. Aug., 1952. 32:8:405-410.

When the amputee has become ambulatory on level surfaces in sheltered environments, he has not enlarged his sphere of activity in the slightest degree. If his walking is to have practical value he must acquire advanced skills. The technics presented in this paper were tried out in actual practice in the Cleveland Rehabilitation Center. Among the activities described are rising from chair, ascending and descending steps, elevation from the floor and outdoor ambulation. The problems involved in each activity are discussed. Five case summaries are appended.

ARTHRITIS

805. White, Charles M.

Marie-Stumpell arthritis (including a survey of 41 cases treated with x-ray). J. Kansas Medical Soc. Aug., 1952. 53:8:369-373.

"1. The diagnosis of Marie-Stumpell arthritis can be made from clinical findings and the x-ray appearance of the sacroiliac joints.

"2. Early diagnosis is possible and is essential since early treatment may effect a permanent remission.

"3. X-ray therapy is at present the treatment of choice but should be correlated with suitable orthopedic measures.

"4. X-ray therapy will bring about significant improvement in about 80 per cent of cases. Exacerbations may be controlled by additional therapy."—Conclusions.

Forty one cases treated in the past four years at the Wichita Clinic, Wichita, Kansas, are reviewed as the basis of this study. Sex incidence in this series is about the same as that reported by others. There were only four female patients, giving a ratio of about one in ten. Three-fourths of the patients were from 20 to 40 years of age; only two occurred under the age of 20. Duration of symptoms in almost 50 per cent of the patients was for five years or more; only four had symptoms of less than one year. Thus, the writer concludes that progression of the disease is slower than usually thought.

BLIND—EMPLOYMENT

806. Thompson, R. L.

Placement mad or rehabilitation wise? New Outlook for the Blind. June, 1952. 46:6:155-158.

Vocational rehabilitation of the blind is a more difficult process than rehabilitation of other types of handicapped persons; the writer points out some of the obvious defects of the system used. In his opinion the more difficult cases are often slighted, stability of the vocational rehabilitation accomplished is not reported in follow-up after closure, the counselor is often not given credit by the federal government when local funds are used in the rehabilitation process, and better techniques should be used in handling cases where interviewing and counseling are needed before actual training or placement occurs. If more attention were given these points, the quality and spirit of rehabilitation work could be vastly improved.

BLIND—PREVENTION

807. Chitnis, V. K.

Prevention of blindness in children. Indian J. Child Health. Mar., 1952. 1:3:132-138.

BLIND—PREVENTION (continued)

Some of the most important afflictions of the eyes which lead to blindness are discussed and treatment for their prevention or cure is suggested. Since blindness in India reaches a staggering figure—a population of 20,000,000 blind, obviously the problem of prevention is an enormous one. Lack of education, poverty, and low standards of living are responsible for much of the blindness suffered by the people of India. Education of the masses is an important step toward prevention of this type of handicap, the writer feels.

BLIND—SPECIAL EDUCATION

808. Palmer, Eber L.

Some problems confronting blind students enrolled in public high schools. New Outlook for the Blind. June, 1952. 46:6:160-165.

This article, written as a presentation for a panel discussion at a meeting of the International Council for Exceptional Children, calls attention to problems of the blind student in a public high school. The writer, who is superintendent of the New York State School for the Blind, generalizes the methods used at that particular school and discusses briefly some of the factors involved in the choice of a type of school. Before such a decision is reached the student's personality and social characteristics, his social ability, emotional stability, and vocational aptitudes and goals should be considered carefully. Whatever extra administrative trouble it may cause, the working out of a correct program for each individual is well worth the time involved.

The article, "Services to Blind Students Attending Public High School in New Jersey," (p. 165-169), written by Guy J. Marchisio, Consultant on Special Education for the New Jersey State Commission for the Blind, describes how the idea works out in the state of New Jersey. Both papers were presented at the same meeting.

BLIND—SPECIAL EDUCATION—CALIFORNIA

809. Tudyman, Al

Oakland's sight conservation program, by Al Tudyman and Fredericka M. Bertram. Sight-Saving Rev. Summer, 1952. 22:2:82-92. Reprint.

A description of the Oakland, California, public school sight conservation program. It differs from the segregated and partially-segregated plans because the students carry on all their work in their regular grade room, made possible through the coordinating efforts of sight conservation teachers who go from school to school on weekly schedules. Scope of the program includes pupils from kindergarten through high school and cares for the partially seeing who are mentally retarded, hard of hearing, deaf, or orthopedically handicapped. Success of the plan is attested by the hundreds of students trained under the program who are socially and economically competent citizens.

"A detailed report of the sight conservation program in the Oakland Public Schools is described in an unpublished Master's Degree Thesis by Fredericka M. Bertram, 'A Presentation of the Philosophy and Method of the Oakland Plan of Sight Conservation,' Mills College, Oakland, Cal., 1951."

CEREBRAL PALSY

810. Denhoff, Eric

Cerebral palsy, by Eric Denhoff, Victor N. Smirnoff and Raymond H. Holden. New England J. Medicine. Nov. 8 and 15, 1951. 245:728-735, 770-777. Reprint.

CEREBRAL PALSY (continued)

A comprehensive article covering the definition and classifications of cerebral palsy, its etiology, physiopathology responsible for brain injury, neuro-pathology and neurophysiology, clinical diagnosis and supplemental diagnostic aids, the psychiatric disturbance of cerebral palsy and the child's relation to his parents and society. The authors comment on the growing interest in psychological appraisal of patients with cerebral palsy and the methods used. Proper medical care and corrective techniques, various modalities in physical, occupational, and speech therapy, with integration of special education and play, are essential to the rehabilitation of the cerebral palsy patient. Various drugs found to be valuable in treating the condition and the types of orthopedic treatment utilized are reviewed. An extensive bibliography of 221 items concludes the article.

Reprints available from the National Society for Crippled Children and Adults, at 50¢ a copy.

See also 885.

CEREBRAL PALSY—CONNECTICUT

811. Connecticut. State Department of Health.

The study of cerebral palsy in Connecticut. Hartford, The Dept., 1951.

120 p.

"...This final report on the study of cerebral palsy in Connecticut is submitted toward the aim of defining some of the problems and types of services important for the care and welfare of such children...." It includes determinations of the prevalence, the medical, social and psychological aspects, and the medical, educational, and institutional needs of cerebral palsy patients less than twenty-one. Needs were determined by detailed studies of a sample group of 130 Connecticut children. The Appendix contains schedules used in evaluating children in the sample study; various records kept were the medical history, orthopedic, pediatric, educational, and rehabilitation evaluations, and a social study of the patient and his family. Facilities available in the state for the care of cerebral palsied children are briefly outlined and described.

CEREBRAL PALSY—SOUTH AFRICA

812. Medalie, M.

Rehabilitation of the cerebral palsy child at the Forest Town School, Johannesburg. South African Med. J. July 12, 1952. 26:28:569-573.

"The Transvaal Association for the Care of Cerebral Palsy, a private charitable organization, has been running a school for educable cerebral children for the past 3 years. The type of children accepted have been classified, and the work undertaken has been briefly outlined. Underlying the programme is a policy of treating the child as a psycho-biological organism. The various phases of physiotherapy, speech therapy, educational and emotional development are all dealt with separately, but the whole plan of training is well co-ordinated through a well-trained and devoted staff. The parents have a part to play and this is stressed in group meetings and private interviews. The progress made can be judged by noting the improvement in the 2 cases quoted. In the former the physical improvement and plan of treatment is stressed. In the latter the general physical, educational, emotional and social progress (which were all marked) can be well seen."—Summary.

CEREBRAL PALSY—PARENT EDUCATION

813. Morton, Gertrude

One day at a time. Crippled Child. Aug., 1952. 30:2:4-5.

CEREBRAL PALSY—PARENT EDUCATION (continued)

The mother of a cerebral palsied child recounts her experiences in teaching her child at home, coping with his behavior problems, fostering his special interests and encouraging him to excel in those things which he is able to do for himself. Patience is the keynote of her program and progress is dependent on constant experimentation to find the best methods of motivating this boy who has poor muscle control and little speech or hearing perception.

CEREBRAL PALSY—PSYCHOLOGICAL TESTS

814. Heilman, Ann

Intelligence in cerebral palsy...a new interpretation of research studies.
Crippled Child. Aug., 1952. 30:2:11-13.

Reviewing the findings of recent studies on the intelligence of cerebral palsied children, Miss Heilman admits they are minimal estimates, but "...it is probable that in most cases the evaluations represent the present functional ability level of these children, and provide reliable indications of the types of service appropriate for them....The results of recent studies indicate that probably we should revise our estimates downward...." She sees a great need for further research to chart the distribution of intelligence among the cerebral palsied, especially in young children in whom the results of social and educational deprivation are not as marked as in older persons. Testing centers should make available their findings as to the degree of agreement between obtained intelligence ratings and the staff's evaluation of the children's educability.

CEREBRAL PALSY—SPEECH CORRECTION

815. Davis, Joan Lynne

Teamwork in speech and physical therapy. Physical Therapy Rev. Sept., 1952. 32:9:452-455.

Three levels of cooperation between speech and physical therapists when treating the cerebral palsied child are described; on the first level, the physical therapist has no contact with the speech therapist, but uses common sense speech procedures to get her message across to the child. On the second level, the therapists discuss the child's speech problems and the physical therapist is guided in the carry-over of speech work by the speech therapist. On the third level, both therapists have contact with the child, planning co-ordinated activities for an integrated simultaneous program. An important factor in coordinating the speech and physical therapy programs is the maintenance of a record of the social and physical development of the child.

CHILDREN'S HOSPITALS

816. Jackson, Katherine

Problem of emotional trauma in hospital treatment of children, by Katherine Jackson (and others). J. Am. Med. Assn. Aug. 23, 1952. 149:17:1536-1538.

A study conducted in the departments of pediatrics and anesthesiology, Albany Medical College, during a two year period. 105 children were observed through the first three postoperative months; 17 showed behavior changes at the end of the period. "...From our study of the psychological aspects of hospitalization, anesthesia, and surgery in a group of children, certain conclusions seem justified concerning the nature, etiology and prevention of emotional trauma associated with such experiences. The children, whose ages range from 3 to 8 years, were admitted to the hospital for tonsillectomy....it was observed that the child is least likely to suffer from emotional trauma if he is well adjusted to a family environment of love, trust, and security. Certain factual preparation is necessary before hospitalization, in order to prepare him for the experience. The time of hospitalization should be chosen according to his emotional balance. All phases of the experience should be gaged to the child's ability to adjust, and all procedures to which he is subjected should be carried out in a considerate and friendly manner."—Summary.

CHILDREN'S HOSPITALS—TEXAS

817. Barclay, Margaret

A community builds a hospital. Crippled Child. Aug., 1952. 30:2:14-15.

How the the community of Waco, Texas, cooperated to build, equip, and maintain a hospital for crippled children which is a treatment center for thirteen counties. When skyrocketing prices played havoc with the money set aside for the second story addition to the hospital, local labor groups and business dealers contributed materials and the labor necessary to complete the building. Publicity concerning the generosity of the working man brought in further donations.

CLEFT PALATE—WISCONSIN

818. Slaughter, Wayne B.

A complete cleft palate program, by Wayne B. Slaughter and Gretchen Mueller Phair. J. Speech and Hearing Disorders. June, 1952. 17:2:123-128. Reprint.

The presentation of a summary description of the evolution and present-day mechanics of a program in the state of Wisconsin designed to render services necessary for the rehabilitation of cleft lip and cleft palate patients. This service has been integrated with existing services for crippled children irrespective of the patient's financial status or geographic location within the state. "...In this program, the interests for betterment of service to the patient have resulted in a research program that is now felt to be the basis for increased service rendered to the individual, an incentive for better teaching to the undergraduate and graduate student of the various specialties pertaining to the program, and adequate understanding of the statistical data that have been accumulated...."

CONGENITAL DEFECT

819. Da Silva, V. V.

Congenital abnormalities. Indian J. Child Health. Mar., 1952. 1:3:126-131.

An article based on a lecture delivered during the Refresher Course in Pediatrics at the Byramji Jeejeebhoy Hospital for Children, Byculla, Bombay. Congenital abnormalities and their occurrence are discussed on an embryological basis; the various factors producing them are explained.

820. Jackson, W. P. U.

Chondrodystrophy and mental defect; probable atypical gargoyleism, by W. P. U. Jackson and C. L. B. Jeppe. South African Med. J. July 5, 1952. 26:27: 541-543.

"A case of chondrodystrophy with mental defect and ugly facies is presented as representing gargoyleism in an atypical or 'incomplete' form."—Summary.

CONGENITAL DEFECT—ETIOLOGY

821. Behrman, S.

Genesis of fetal abnormalities. G.P., General Practitioner. Aug., 1952. 6:2:41-48.

Genetic and environmental factors responsible for fetal abnormalities are discussed. The writer feels that there is a great need for knowledge of the fundamental distinctions between acquired and genetic defects. A public health program for the accurate collection of data concerning the incidence of defects would aid in controlling them. A scientific approach to the problem is presented to stimulate further interest and investigation in this particular field.

CONVALESCENCE

822. Ferderber, Murray B.

Convalescence and rehabilitation. Pennsylvania Med. J. July, 1952. 55:7: 669-675.

"This report is intended to assist those physicians who live in areas without hospital services or departments of physical medicine...productive convalescence...is dynamic by preventing deconditioning or physical deterioration and speeding full recovery." The author discusses equipment and methods of teaching for simple bed exercises, use of heat and other physical medicine procedures during convalescence.

DEAF

823. Hardy, William G.

Children with impaired hearing, an audiologic perspective. Washington, D.C., Govt. Print Off., 1952. 22 p. (Children's Bureau publication no. 326).

The new science of audiology has for its purpose the study and treatment of problems directly related to hearing and hearing disorders. "...a full program for handling the needs of children with impaired hearing involves several quite definite steps and the interrelated services of many persons trained in various kinds of special work...." The seven steps used in approaching the problem of impaired hearing in children are listed as: 1) public education regarding both hearing and hearing impairment, 2) adequate case-finding, 3) thorough diagnostic examination, 4) medical and surgical treatment as indicated, 5) audiologic study and consultation, 6) appropriate special education, and 7) vocational rehabilitation and training. A short list of references is furnished to suggest some introductory reading for those interested in the study of audiology; several of these contain bibliographies which will point the way to further study.

"This is one of a number of papers prepared at the request of the Technical Committee on Fact Finding of the Midcentury White House Conference on Children and Youth."

Available from U.S. Superintendent of Documents, Washington 25, D. C., at 15¢ a copy.

DEAF—RECREATION

824. Rosenman, Yehuda

An experiment in camping involving children with impaired hearing. The Group, Am. Assn. of Group Workers. Apr., 1952. 14:3:9-12, 26. Reprint.

A report on a special project organized by the Jewish Educational Alliance and the Department of Education of Baltimore to enlarge the experience of children with a hearing loss, to give them new contacts with hearing children, to further their adjustment to a hearing environment, and to give hearing children an opportunity for a living experience with handicapped children. The program, involving a seven week camping period, is described and evaluated. Among the conclusions listed are: "It is possible and profitable to correlate speech instruction with camp-group activities." "The children acquired more speech and articulation as a result of contacts with hearing children." Problems growing out of the experiment are presented.

DISEASE—STATISTICS

825. Woolsey, Theodore D.

Two surveys of disabling illness. Public Health Reports. Aug., 1952. 67: 8:807-810.

DISEASE—STATISTICS (continued)

A summary of the principal findings presented in Public Health Monograph No. 4, published concurrently with this issue of Public Health Reports. Data gathered in two surveys supplying national estimates of the numbers of disabled persons compare the prevalence of disabling illness in the main age and sex groups of the population aged 14 to 64 years and in urban, rural, and employment status categories. "...A description of the survey, the definitions used, the sampling errors, and the other essential features of the data are contained in the references listed here and in the monograph."

EMPLOYMENT—GREAT BRITAIN

826. Employment of disabled youth. Lancet. July 19, 1952. 263:6725:120-122.
An editorial review of the Medical Research Council memorandum on Employment Problems of Disabled Youth in Glasgow (see entry No. 827).
827. Great Britain. Medical Research Council
Employment problems of disabled youth in Glasgow, by T. Ferguson, A. N. Macphail, and Margaret I. McVean. London, H. M. Stationery Off., 1952. 66 p. (Medical Research Council memorandum no. 28)
The record of one investigation carried out by the Council's Committee on the Resettlement of the Disabled, this pamphlet "...explores the employment experience of two groups of young people in Glasgow: the one a group of the registered disabled, the other made up of children who had been to special schools for the physically handicapped, and who, for various reasons, had a registration rate of 30 per cent. The investigation illustrates not only the vicious circle of illness—loss of schooling, followed by unskilled, often heavy, work, and then further illness—from which the disabled find it so hard to escape, but also the difficulty of ensuring that registration helps those who most need help. The Memorandum shows some of the unforeseen ways in which an apparently simple measure (Disabled Persons (Employment) Act) can be complicated in practice by human and environmental factors, and how much it must depend for success on flexible and imaginative administration."—Preface.
Available from British Information Services, 30 Rockefeller Plaza, New York, N. Y., at 75¢ a copy.
828. Hudson, T. G. Faulkner
The disabled persons (employment) act. Rehabilitation. July, 1952. 5:2-5.
An explanation of England's Disabled Persons (Employment) Act and how it works to rehabilitate those in need of vocational training, sheltered workshop conditions or industrial rehabilitation. Employers have an obligation to employ not less than 3 per cent of their total staff from the registered disabled. The Act is designed to help all disabled people according to their needs.

EMPLOYMENT (INDUSTRIAL)

See 889; 890.

ENCEPHALITIS

829. Casamajor, Louis
Brain fever. J. Am. Med. Assn. Aug. 16, 1952. 149:16:1443-1446.
"Clinicians early in the 19th century reported cases of severe disease of an encephalitic sort under the name of brain fever. Many of their patients, in spite of the severity of the disease, recovered. The condition exists today. In this article, four cases of a severe encephalitic disease of the present time and with complete recovery are reported. Usually the onset is irregular and may extend over a number of months. When slight or moderate head trauma has been sustained, the onset may be rather sudden. The symptoms and signs are those of considerable brain involvement, including convulsions, comas, paryses,

ENCEPHALITIS (Continued)

cerebellar asynergy, and a sort of bulbar palsy. In the diagnosis the electroencephalogram is of the greatest value."—Conclusions.

EPILEPSY—MEDICAL TREATMENT

830. Bercel, Nicholas A.

Diagnosis and treatment of epileptic and epileptoid disorders. J. Am. Med. Assn. Aug. 9, 1952. 149:15:1361-1365.

Beginning with a general definition of epilepsy and statistics on its incidence, Dr. Bercel then discusses various causes for the disease and general therapeutic principles for its treatment. Anticonvulsant drugs used in controlling symptoms are described as to dosage, effectiveness, contraindications, side-effects, and results. Dr. Bercel urges less discrimination in occupations deemed safe for the epileptic, more public information on the plight of the epileptic, and more support for the International League Against Epilepsy which is working to alleviate the lot of those suffering the disease.

EPILEPSY—SOCIAL SERVICE

831. Bidwell, Barbara

Problems of families with epileptic children. Mental Health. Summer, 1952. 11:3:104-110.

A psychiatric social worker who has worked in the special unit for epileptic children at Maudsley Hospital Children's Department, England, recounts certain problems and attitudes seen in the families of children patients. Often parents' attitudes of overprotectiveness, guilt, and fear are reflected in the children's behavior; their educational position is an added difficulty.

EXERCISE

832. Fisher, Myer

Rehabilitation exercises. Rehabilitation. July, 1952. 5:15-24.

Reprinted from Medicine Illustrated.

The writer who is director of the Physical Medicine Department, Highlands Hospital, London, and Physician-in-Charge of Palmers Green Clinic, gives, in simple outline, rehabilitation exercises, their indications, contraindications, and techniques which the doctor and therapist can follow. Short bibliographies are included so that the work may be followed in greater detail. Apparatus is illustrated for specific exercises.

HEALTH EDUCATION—DIRECTORIES

833. National Conference for Cooperation in Health Education.

Handbook for school administrators. Raleigh, N.C., Health Publications Institute, c1952. 69 p.

A brief history of the National Conference and a directory of its 62 member agencies, including a statement of the type and purpose of each organization, a brief exposition of their programs, materials available, and organizational data.

Published by Health Publications Institute, 216 N. Dawson St., Raleigh, N.C., at .50¢ a copy.

HEART DISEASE

See 874.

HEMIPLEGIA

834. Brown, Joe R.

Rehabilitation of the hemiplegic patient. Minnesota Medicine. Feb., 1952. 35:2:136-140. Reprint.

HEMIPLEGIA (continued)

A discussion of the care and treatment of the hemiplegic patient during the convalescent period, with emphasis on the social, psychological and vocational adjustment problems following convalescence. Includes a resume of the nature of possible brain damage, the psychological manifestations and indicated psycho-therapeutic and chemotherapeutic procedures.

HEMIPLEGIA—PHYSICAL THERAPY

835. Ford, Vera R.

Use of tonic neck reflex and positioning in upper extremity exercises for early cerebral vascular hemiplegia. Physical Therapy Rev. Sept., 1952. 32:9: 450-451.

"Five exercises for the upper extremity of the spastic hemiplegic patient have been described. Each is performed utilizing optimal position and the tonic neck reflex to initiate and reinforce the motion.

"Although the motions are gross and return of voluntary motion may be slow, this technic has been valuable in early treatment and has given a psychological boost to the cerebral vascular accident patients."—Summary.

HIP

836. Sherman, Mary S.

Diagnosis of hip disease in children. J. Am. Med. Women's Assn. Aug., 1952. 7:8:283-293.

An article well illustrated by roentgenogram plates and case histories of examples of various types of diseases of the hip and their diagnosis. "...Even from this brief review, it is obvious that the diagnosis of hip disease in children rests upon methodical examination...."

HOMEBOUND—SPECIAL EDUCATION

837. Michigan. Department of Public Instruction.

Education of the homebound child. Lansing, The Dept., 1952. 9 p. (Bul. no. 1023) Mimeo.

"The purpose of this pamphlet is to assist local boards of education....Home teaching should be the last rather than the first resort for the severely handicapped." Describes administrative procedures and programs and lists cooperating agencies in the homebound program in the state of Michigan.

Published by the State Superintendent of Public Instruction, Lansing, Mich.

HYDROCEPHALUS

838. Anderson, Frank M.

Subdural hematoma, a complication of operation for hydrocephalus. Pediatrics. July, 1952. 10:1:11-18.

"Report is presented of three infants in whom subdural hematoma developed as a consequence of surgical treatment for hydrocephalus. This complication was not recognized in the first patient, and was unsuccessfully dealt with in one of the others. Anatomic and physiologic features predisposing to subdural bleeding in hydrocephalic patients are outlined, and methods of prevention, diagnosis, and therapy are described. Success of operation is jeopardized and likelihood is increased of subsequent blindness, convulsions, and mental impairment in a hydrocephalic infant whose precariously adjusted brain is further damaged by this development."—Conclusions.

HYDROCEPHALUS (continued)

839. Kahn, Edgar A.

Hydrocephalus from overproduction of cerebrospinal fluid (and experiences with other papillomas of the choroid plexus), by Edgar A. Kahn and John T. Luros. J. Neurosurgery. Jan., 1952. 9:1:59-67. Reprint.

Seven case histories are presented and discussed; six were cases of benign papilloma and one was adenocarcinoma of the choroid plexus. "... The conception that hydrocephalus can be produced by an overproduction of cerebrospinal fluid is proven by Case I.... In our series, only 1 patient has a survival period of 5 years and is assumed to be cured. One patient is alive 1 year post-operative and has no symptoms of recurrence. Another lived 9 months postoperatively and has recently died. Two patients survived for 2 years and have died... from recurrences of their neoplasm. Two died in the immediate postoperative period.... Deep roentgen therapy has been used so infrequently that its effectiveness cannot be determined adequately.... It is possible that any beneficial effect of x-ray may be attributed to diminishing the overproduction of cerebrospinal fluid."—Summary.

LARYNGECTOMY

840. Levin, Nathaniel M.

Speech rehabilitation after total removal of larynx. J. Am. Med. Assn. Aug. 2, 1952. 149:14:1281-1286

"Patients can now be reasonably assured of a practical speech development after total laryngeal resection. Mechanical aids, with all of their deficiencies and disadvantages, are unsatisfactory and should be reserved for those few patients who cannot learn a more natural form of speech because of special difficulties. In short, the possibility of vocal loss should no longer deter the physician from considering the total laryngectomy operation as the procedure of choice when indicated. Esophageal speech adequately compensates for the loss of this important function." Discusses surgical anatomy and technique, mechanism of esophageal speech, the artificial larynx and other mechanical devices, and rehabilitation.

LEPROSY

841. Figueredo, N.

Leprosy in children, by N. Figueredo and S. D. Desai. Indian J. Child Health. June, 1952. 1:6:285-295.

"...the recognition of the very early lesions of leprosy particularly in children has rarely been possible without history of contact as a guide; such lesions in the main do not conform to the well-established and universally known types...." The authors of this article describe their own and others' studies of such lesions and the methods used by them in examination of cases in both adults and children. Main features of early lesions of leprosy in children are given, with a short description of leprosy lesions, their origin and progress. In outline form is an analysis of the clinical, bacteriological, and immunological findings. Methods of treatment, results and length of treatment period are discussed. Data given are from the Acworth Leprosy Home, Matunga, Bombay.

LIBRARY SERVICE

842. Fair, Eleanor

Books are where you find them. Am. J. Nursing. Aug., 1952. 52:8:994-995.

An experienced librarian lists library extension services and inter-library loan arrangements available to nurses in need of books on medicine, psychology, psychiatry, education and nursing. State and city libraries having medical departments and medical society libraries, a major source for this type of material, are listed geographically by state.

LIBRARY SERVICES (continued)

843. Medical Library Association. Midwest Regional Group.

A symposium on the bibliographic responsibilities of national voluntary health agencies. Bul. Med. Library Assn. July, 1952. 40:3:306-321.

Contents: The National Society for Crippled Children and Adults, by Earl C. Graham.-The American Cancer Society Library, by Mildred C. Donohue.-The National Health Library, by Eva R. Hawkins.

Bibliographic services of three national voluntary health agencies are explained by their librarians in these papers presented at the Midwest Regional Group of the Medical Library Association held in January, 1952.

MEDICINE—PERSONNEL

844. American Medical Association

Winning ways with patients. Chicago, The Assn. (1952). 19 p. illus.

"A public relations aid for the doctor's receptionists, secretaries and medical assistants." Suggestions on dress, deportment and activities for doctor's aides and rules on scheduling appointments, use of the telephone and office procedures are included.

Available from your state medical society.

MENTAL DEFECTIVES—GREAT BRITAIN

845. Great Britain. Socialist Medical Association. Sheffield Branch

The mentally defective—no room; a study by the...which calls attention to the seriously inadequate provisions for dealing with the mentally defective. Sheffield, The Assn. (1952) 10 p.

A study calling attention to the seriously inadequate provisions for dealing with the mentally defective in the Sheffield (England) Hospital Region, which covers six counties and includes some 4,000,000 people. Services maintained in the Region include statutory supervision, day special schools, occupation centers, special classes in ordinary schools, home teaching, boarding special schools, and institutions. Guardianship, licencing of defectives, and employment are discussed. Recommendations for improvements and additions to the provision for mental defectives are made by the study group.

Copies available from the Hon. Sec., Dr. D. H. Foggitt, 754 Attercliffe Road, Sheffield 9, England, at 1 shilling.

MENTAL DEFECTIVES—PERSONNEL

846. Bloom, Bernard L.

Psychological services and professional problems in the field of mental deficiency. J. Consulting Psychology. June, 1952. 16:3:187-192.

"In an attempt to achieve insight into the activities and needs of departments of psychology at institutions for mental defectives, a comprehensive questionnaire was submitted to 79 state institutions caring for mental defectives, epileptics, or both. Returns were obtained from 60 of these institutions. The major findings may be summarized as follows: Twenty-two per cent of the responding institutions are without the services of a full time clinical psychologist. There is great individuality in the present choice of test instruments with a trend toward more frequent use of recently developed tests of intelligence and personality. There is marked agreement regarding the direction of future changes in psychological activities, namely, greater emphasis upon research and psychotherapy. The present shortage of professional personnel in departments of psychology at institutions for mental defectives would be alleviated by the employment of a minimum of twenty-seven additional psychologists throughout the country."—Summary.

MENTAL HYGIENE

847. U. S. Children's Bureau

Emotional problems associated with handicapping conditions in children. Washington, D.C., Govt. Print. Off., 1952. 19 p. (Publication no. 336).

The emotional problems of the handicapped child are the same as those of any normal child, often intensified because of the handicap. This booklet discusses parent-child relationships and their implications--disturbances in this relationship may, under some circumstances, create physical disease as well as emotional problems. Behavior reactions of the negative sort more often arise from the individual personality than from the degree of handicap. The special problems of the handicapped child are those of achieving independence, a feeling of adequacy, and a sense of identity. While the reactions of the community toward the handicapped child have undergone a change in the past generation, there are still restrictions and stigma attached to various handicaps. Services directed toward establishing healthy parental and community attitudes and toward social and emotional adjustment of the handicapped child should be considered equally with medical, educational, and training programs.

"This is one of a number of papers prepared at the request of the Technical Committee on Fact Finding of the Midcentury White House Conference on Children and Youth...."

Available from U. S. Superintendent of Documents, Washington 25, D. C., at 20¢ a copy.

See also 816.

MONGOLISM--ETIOLOGY

848. Penrose, L. S.

Maternal age in familial mongolism. J. Mental Science. Oct., 1951. 97: 408:738-747. Reprint.

"Analysis leads to the suggestion that mongolism could be due to a single very common gene (frequently 1 in 5 in the general population). All homozygous foetuses are susceptible. They have a frequency of 1 in 25, but only about one susceptible cases in 27 is actually affected, leading to an absolute incidence of 1 in 675 at birth. Manifestation of the condition is largely controlled by factors connected with maternal age. Maternal age in cases showing inheritance through the mother is significantly lowered. To account for this it is suggested that the defensive effect of young maternal age over the susceptible foetus is reduced when the mother herself is homozygous for the hypothetical gene, that is, when she herself is a mongol or a potential mongol."--Summary. Tables appended.

MULTIPLE SCLEROSIS

849. Teitelbaum, Harry A.

Psychosomatic aspects of multiple sclerosis, by Harry A. Teitelbaum, Bernard H. Hall and Roger E. Phillips. Arch. Neurology and Psychiatry. April, 1952. 67:535-544. Reprint.

The dynamics of the holistic concept of personality as an organism-environment system has been elaborated by Teitelbaum in another article (see #857); this literature is reviewed to show how various problems related to the psychosomatic aspects of multiple sclerosis have been considered in the past. Four cases of multiple sclerosis and their psychosomatic aspects, viewed in the light of the dynamics explained in Dr. Teitelbaum's previous article, are discussed in this article.

MULTIPLE SCLEROSIS—MEDICAL TREATMENT

850. Gallinek, Alfred

The art of medicine in the management of multiple sclerosis. New York State J. Medicine. Aug. 15, 1951. 51:16:1930-1932. Reprint.

"The...paper is based entirely on impressions gleaned over many years of work with patients in hospitals, clinics, and private practice. It makes no claim to be a scientific contribution but intends to emphasize certain sidelights concerning the management of multiple sclerosis, which are more a matter of medical common sense than of science....In consideration of the unpredictable course of multiple sclerosis, particularly in consideration of the possibility of remissions of very long duration, the diagnosis of multiple sclerosis, with its numerous implications, generally should not be revealed to the patient himself. Although there is no effective therapy and no rationale for such, psychologic common sense requires that the sufferer from multiple sclerosis should be 'treated'." Four case histories illustrating the author's point are given.

851. Gordon, Edward E.

A home program for independently ambulatory patients. New York, National Multiple Sclerosis Society, c1952. 16 p. illus.

Together with: A home program for patients ambulatory with aids.—A home program for wheel chair patients.—A home program for the care of bed patients.

Four instruction manuals written for the person with multiple sclerosis describing special techniques for improving or making better use of one's physical abilities. Exercises to be performed at home and instructions for constructing the necessary equipment for resistance exercises are illustrated and described. A table of daily living activities, sample schedule of a daily home program, suggestions for occupational therapy and for developing proper mental attitudes are included. Concepts of "work simplification" and "time study" may be applied to everyday living around the home. Self-help devices are illustrated for those patients with impaired grasp, reach and motion.

Distributed by the National Multiple Sclerosis Society, 270 Park Ave., New York 17, New York, to patients at the request of their physicians.

MULTIPLE SCLEROSIS—STATISTICS

852. Kurland, Leonard T.

Epidemiologic characteristics of multiple sclerosis. Am. J. Medicine. May, 1952. 12:5:561-571. Reprint.

"...The opinion has frequently been advanced, and is now held by many physicians, that multiple sclerosis occurs principally in young white adults, that it is more common in cold than in warm climates and that its prevalence increases in areas farther from the equator. There is disagreement over the significance of genetic predisposition, the effect of infections or pregnancy on the inception or course of the disease, whether either sex is more predisposed to the disease and whether the frequency of the disease has been increasing. Some of the above mentioned items which are of particular interest to the epidemiologists will be reviewed and their implications as to possible etiology will be discussed...."

853. Kurland, Leonard T.

The frequency and geographic distribution of multiple sclerosis as indicated by mortality statistics and morbidity surveys in the United States and Canada. Am. J. Hygiene. May, 1952. 55:3:457-476. Reprint.

MULTIPLE SCLEROSIS--STATISTICS (continued)

"...To measure and compare the frequency of multiple sclerosis over a wide latitude where language, medical terminology and practice and hospitalization procedures would be similar, a study of the reported mortality for 1947 in the United States and Canada and surveys in selected medical centers of the two countries were carried out...." The writer describes the method of study and analysis of data collected; only probable cases were utilized as diagnosis is considered more reliable. Statistics are presented on prevalence ratios, incidence and incidence rates, deaths and death rates, autopsy-proven cases, and the distribution of cases by place of birth. "...In the course of the analysis of the data on the relative frequency of the disease in Canada and the United States, differences in the age, race, and sex selection were encountered which require further interpretation...."

"Portions of this paper are taken from the thesis submitted in fulfillment of the requirements of the Department of Epidemiology, The John Hopkins University School of Hygiene and Public Health, for the degree of Doctor of Public Health, June, 1951."

MUSCULAR DYSTROPHY--DIAGNOSIS

854. Orr, W. F.

Ribosuria, a clinical test for muscular dystrophy, by W. F. Orr and A. S. Minot. A.M.A. Archives Neurology and Psychiatry. Apr., 1952. 67:483-486. Reprint.

A method for the detection and identification of ribose in the urine is described. "...It seems from the results of this study that the presence of d-ribose in the urine, unlike creatinuria, is not simply the result of muscular wasting, since patients with more advanced wasting than those with muscular dystrophy showed no evidence of this sugar. Thus, it would appear that the presence of ribose is due to a specific error of cell metabolism possibly not confined to the muscular dystrophies, but universally present in them. It is interesting that progressive neuropathic (peroneal) atrophy (Charcot-Marie-Tooth disease) and myasthenia gravis, which are frequently classified with the muscular dystrophies, show no ribose and therefore presumably do not belong to this group...." The majority of patients used for the study were selected from the hospital and out-patient clinic of Vanderbilt University Hospital.

NEUROLOGY

855. Bird, H. Waldo

Psychosomatic aspects of encephalomyopathy with muscle atrophy, by H. Waldo Bird, Harry A. Teitelbaum, and Michael B. Dunn. Psychosomatic Medicine. May-June, 1952. 14:3:161-173. Reprint.

"Five cases of encephalopathy associated with syndromes of progressive muscular atrophy, amyotrophic lateral sclerosis, and a non specific muscular atrophy, as well as with psychic disturbances, are described. Generalized muscular wasting characterized each patient and wide fasciculations were prominent in all but Case 5....The air studies in four cases demonstrated cortical atrophy.

"The psychic disturbances present in the above cases are discussed on both physiological and psychological levels as manifestations of personality deviations which are expressions of premorbid personalities of the patients."--Summary.

856. Latimer, Ruth M.

Neurogenic facilitation and inhibition. Physical Therapy Rev. Sept., 1952. 32:9:441-445.

NEUROLOGY (continued)

"...This paper is not one of therapeutics, but is a summary of many investigations that have been performed in the attempt to explain the anatomical and physiological rationale for spasticity...." Spasticity is a problem of imbalance of central neurogenic inhibition and facilitation; therapy has not been entirely successful in alleviating the condition. "...The goal of maximum possible rehabilitation through methods of neuromuscular re-education and other forms of therapy is being achieved and these patients need no longer be considered hopeless invalids."

Condensation of a paper written for the course "Neuroanatomy" under Dr. Everett H. Ingersoll in partial fulfillment of the requirements for the M.S. in Physical Therapy.

857. Teitelbaum, Harry A.

The role of the cerebral cortex in the dynamics of personality as a holistic organism-environment system. J. Nervous and Mental Disease. June, 1952. 115: 6:489-511. Reprint.

"...On the basis of the principles of integration...the integrational processes involved in the structural configurations of atomic and molecular systems are discussed, and the correlation of the physical and chemical properties of elements and molecules with their respective electronic and atomic configurations is indicated. It is postulated that in the cerebral cortex the neurones, functioning in groups, are integrated into configurations analogous to those occurring in the atomic and molecular systems and the various cortical functions are the kinetic manifestations of particular cortical neurone group configurations. There is considerable variability in the degree of integrational complexity in the cerebral cortex, ranging from the predominantly physiologic to the predominantly psychologic, with an increasing degree of integrational complexity of the neurone group configurations in passage from the former to the latter. The basic significance of the principle of integrated cortical neurone group configurations in understanding psychologic and psychosomatic phenomena is indicated."—Summary

See also 882.

OLD AGE—EMPLOYMENT

858. U. S. Bureau of Labor Statistics

Employment and economic status of older men and women. Washington, D. C., Govt. Print. Off., 1952. 58 p. (Bul. no. 1092).

This booklet is a "...current and more comprehensive presentation of material included in the 'Fact Book on Employment Problems of Older Workers' issued by the Bureau of Labor Statistics in August, 1950..." It has been designed to give a more informed understanding of the problems arising from the effect of population, employment, and economic trends on the older age groups. Data were selected to provide background information for those concerned with economic and employment problems of this age group; whenever possible statistics for men and women have been presented separately. Published and unpublished material from a variety of sources has been used. Subjects discussed are trend in population and labor force, life expectancy of workers and the length of working life, sources of income, retirement and pension programs, and job experience of the older worker. A short bibliography of pertinent publications of the U. S. Dept. of Labor relating to the employment and economic status of older men and women is given.

Available from U. S. Superintendent of Documents, Washington 25, D. C., at 30¢ a copy.

OLD AGE--MEDICAL TREATMENT

859. Medalia, Leon S.

Diseases of the aged, by Leon S. Medalia and Paul D. White. J. Am. Med. Assn. Aug. 16, 1952. 149:16:1433-1437.

"...The present study consists of an analysis of 1,251 consecutive autopsy protocols of patients from 50 to 90 years of age done in two general hospitals in Boston--the Boston City Hospital and the Massachusetts General Hospital. The purpose of the study was to find the cause or causes of death and coincidental pathological conditions in the aged and in what way these lesions vary from decade to decade and how they differ between men and women. We have paid special attention to the heart and cardiovascular-renal systems, noting also blood pressure data and clinical diagnoses. The chief aim of this study was not to bring out discrepancies between the clinical and pathological observations, but rather to ascertain the prevalence of various abnormalities in the upper age groups.... This study indicates the need for further analyses of this sort to establish a firmer foundation for the appraisal of measures for the medical care and the prevention of disease in the increasing number of old persons...."

OLD AGE--PHYSICAL THERAPY

860. Murray, William

Functional training in geriatrics. Physical Therapy Rev. Sept., 1952. 32:9:446-449.

From experiences gained from work at Kingsbridge House, a unit of the Home for Aged and Infirm Hebrews, located in the Bronx, New York, the writer discusses the implications of modified treatment techniques for the rehabilitation of the aged with chronic disabilities. Management of the patient over sixty calls for unique treatment.

OSTEOGENESIS IMPERFECTA

861. Tibrewala, N. S.

Osteogenesis imperfecta, by N. S. Tibrewala and S. C. Sheth. Indian J. Child Health. Mar., 1952. 1:3:121-125.

"A case of osteogenesis imperfecta is presented with a brief review of the current medical literature on this subject."--Summary.

PARENT EDUCATION

862. Kawin, Ethel

A guide for child-study groups. Chicago, Science Research Associates, c1952. 72 p. illus.

Study-discussion groups on child development are an important phase of adult education; here in this booklet are suggestions for planning successful programs, for developing the responsible leadership necessary to such groups, and useful resources for making a study-group more effective. Designed as a guide for leaders and members of such groups, and to serve as a reference for colleges and other organizations which provide leadership training, it should also be especially useful to P.T.A. groups and school in-service training programs. The author is consultant in parent education for National Congress of Parents and Teachers, and consultant in child development for the Illinois Association for Supervision and Curriculum Development which has sponsored the Illinois Child Development and Guidance Project, the first major program in which parents and educators have carried on study-groups together.

Available from Science Research Associates, 57 W. Grand Ave., Chicago 10, Illinois, at 64¢ a copy.

POLIOMYELITIS—MEDICAL TREATMENT

863. Gordon, Everett J.

Rehabilitation of the upper extremity following poliomyelitis; report of a case. Med. Annals of the Dist. of Columbia. April, 1952. 31:4:200-203. Reprint.

"This case has been presented to illustrate what can be done to rehabilitate an apparently hopelessly damaged upper extremity as a residual of anterior poliomyelitis. A properly planned program which includes physical therapy combined with well selected surgical procedures, unhurried and interspersed with sufficient recuperative intervals, can convert a useless extremity into a functional unit which may remove the individual from the handicapped group and permit normal activities and occupation. In the case reported the right upper extremity was sufficiently improved by the multiple surgical procedures to permit active function and occupational use....The stimulated mental outlook is another important result not to be overlooked."—Comment. The first attack of poliomyelitis occurred, in this patient, at the age of 3.

PSYCHIATRY

See 891.

PSYCHOLOGICAL TESTS

864. Smock, Charles

Responses of handicapped and normal children to the Rosenzweig P-F study, by Charles Smock and William M. Cruickshank. Quarterly J. Child Behavior. Apr., 1952. 4:2:156-164. Reprint.

The Rosenzweig Picture Frustration Study (Children's Form) was administered to a matched group of 30 handicapped and 30 non-handicapped children. In general, no significant differences were indicated between the two groups in respect to either the reaction to frustration or the direction of aggression. However, further analysis reveals significant differential responses to frustrating situations. The handicapped group responds in term of its ego-threat value, whereas the normal child responds more in term of specific need or interference with immediate goal activity. "The test has demonstrated that frustrating situations involving interpersonal relationships, especially of an aggressive nature, are particularly revealing of the handicapped child's sensitivity to and fear of the reactions of others toward him."

865. Truitt, Cleon Johnson

The significance of the I.Q. Crippled Child. Aug., 1952. 30:2:22-23, 28-29.

In this article questions frequently asked by the parents of cerebral palsied children concerning the I.Q., how it is determined, how the child's educability can be assessed, and factors masking the true level of ability are answered and explained briefly.

PSYCHOLOGY

866. Freyman, Richard

School and psychology. Special Schools J. July, 1952. 41:3:6-8.

How psychology, like other branches of education, can fit into the greater scheme and aims of education is briefly discussed by the writer. Since the goal of education is to transform the young child into a social being who is able to contribute, participate, and even lead in the maintenance of our social life, the development of self-knowledge and rational self-direction is important to the development of the whole individual personality.

PUBLIC HEALTH—STATISTICS

867. Michigan. University. School of Public Health
Statistics in public health programs and administration. Public Health Reports. Aug., 1952. 67:8:725-754.
Proceedings of 2d. Conference on Public Health, June 16-20, 1952.
Contents: Statistics in public health programs and administration: Vistas in public health statistics, Clarence J. Velz.—Application of statistical analysis in a health program, Ruth R. Puffer.—Current methods of collecting statistics of health and health problems, O. K. Sagen.—Statistics in the administration of a State health department, John D. Porterfield.—The administrative value of statistics to a local health officer, Berwyn F. Mattison.

PUBLIC HEALTH NURSING

See 892.

PUBLISHING

See 802.

REHABILITATION

868. Alcuin, M., Sister
The nurse and rehabilitation. Hospital Progress. Aug., 1952. 33:8:62-64, 80, 82, 86. Reprint.
Newer theories of patient care which are practiced in rehabilitation demand that the nurse accept the basic concept that nursing care is broader than bedside care, that responsibility as a nurse does not end when the period of acute illness subsides. Methods of teaching the patient self-care, of caring for the skin of patients with long term illnesses, special problems in the early training of the hemiplegic patient, and the importance of dealing with emotional aspects of geriatric cases are discussed. The prevention of deformities is one of the main concerns of the nurse.

869. Hanson, Stanwood L.

The rehabilitation process in workmen's compensation injuries. Industrial Medicine and Surgery. Aug., 1952. 21:8:376-378. Reprint.
The writer, assistant vice-president of Liberty Mutual Insurance Company, discusses the accomplishments of the Company's rehabilitation centers for serious industrial injuries. This workmen's compensation carrier has set up a definite program cooperating with the medical profession to provide a service combining diagnostic study with physical restoration.

REHABILITATION CENTERS

870. Hanson, Stanwood L.

Disabled men work again. American J. Public Health. July, 1952. 42:7: 787-790. Reprint.

Because the Liberty Mutual Insurance Company of Boston is a leading writer of compensation coverage in the United States, their initial program of reducing accidents has led further to an interest in rehabilitation for the purpose of reducing the length and severity of disablement following accidents and industrial diseases which are not preventable. This article describes the work of two rehabilitation centers set up by the Company in Boston and Chicago. Services include physical therapy, occupational and recreational therapy, and placement counseling. A high per centage of those treated at the centers have been reemployed; gains in human values and in dollars far exceed the cost of providing such service, the Company finds.

SCHOOL HYGIENE

871. U. S. Federal Security Agency

Better health for school-age children. Washington, D. C., The Agency (1952).

(9) p.

The U. S. Office of Education, the Public Health Service, and the Children's Bureau are working together for better health for the school-age child; this pamphlet presents the results of a recent conference—a plan for states and communities who are examining their present programs with a view to increasing services. Fourteen areas in which provisions for better health services are needed are suggested. By considering its own needs and resources, each community or state can decide which areas call for top priority.

Distributed by the Federal Security Agency, Washington 25, D. C.

SCLEROSIS

872. Brit. J. Physical Medicine. Aug., 1952. 15:8:177-191.

Entire issue devoted to articles on the subject.

Contents: Disseminated sclerosis, M.D. Rawkins.—The eye in disseminated sclerosis, T. Keith Lyle and Kenneth C. Wybar—Principles of rehabilitation in disseminated sclerosis, Ludwig Guttmann.

SHELTERED WORKSHOPS—ADMINISTRATION

873. McGuire, Louise

Sheltered workshops and home industries under the Federal Wage and Hour Law. Crippled Child. Aug., 1952. 30:2:6-7, 29.

This discussion concerns those severely disabled persons who need interim medical services, vocational counselling, employment-disciplines, and employment between the end of their hospital stay and such time as they are able to reenter the business world. Such services are to be found in the well-organized, well operated sheltered workshop and the programs for homebound workers. Since the disabled worker is often at a competitive disadvantage in the labor market, certain provisions are made for certification of workshops. Elementary standards respecting basic policies, the operation, organization, and service activities under the Fair Labor Standards Act are briefly explained. Some of the problems encountered in administering a workshop program are discussed.

SHOULDER

874. Cady, Joseph B.

Shoulder disabilities associated with coronary disease. Penn. Med. J. June, 1952. 55:6:549-552. Reprint.

"A frequent disability of the upper extremity associated with coronary heart disease has been emphasized, and 34 examples of this disability have been presented. We have not crystallized a final opinion concerning the mechanism of this disability....but we have formed the impression that the syndrome is most likely to develop in those patients whose arm and shoulder motion is restricted for one reason or another. Results of treatment in this series of patients suggest that energetic physiotherapy and active shoulder and hand exercises will generally accomplish results which will be considered to be satisfactory or better by the patient. Since the so-called shoulder-hand syndrome has been recognized to develop in from 5 to 20 per cent of cases of intractable angina pectoris or acute myocardial infarction, we dissuade all patients with coronary heart disease from the common practice of restricting shoulder activity. We encourage daily exercises designed to put the shoulder joint through its full range of motion."—Conclusions...

SOCIAL WELFARE—PERSONNEL

875. United Nations. Department of Social Affairs

In-service training in social welfare. New York, The Dept., 1952. 47 p.
(United Nations Publication E/CN.5/261/Rev.1)

General conclusions of a practical nature on in-service training in social welfare and analyses of current practices as drafted from information received from a study outline circulated to member states and certain non-governmental organizations by UNESCO's Social Commission. It is hoped that the general conclusions of the pamphlet will be of value to governments in developing their social welfare services and to the Secretariat in furnishing direct assistance to requesting governments through advisory social welfare services. General principles, administration, range and content, methods of social welfare work, and principles recommended by the Commission are included. Evaluation of the extent to which staff development is practiced in the various countries could not be given." A country-by-country analysis of current practice in forty-nine countries will be found in the mimeographed documents E/CN.5/261/Add.1 and E/CN.5/261/Add.1/Corr.1..."

SOCIAL WELFARE—RESEARCH

876. Pennsylvania. Health and Welfare Council, Philadelphia.

How to conduct a study; a manual of procedures for use by the.... Philadelphia, The Council, 1952. 21 p. Mimeo.

An indexed manual intended primarily for use by the regular staff members of the Council. It should prove helpful in familiarizing outside study directors engaged for particular research projects with the procedures used in conducting studies and with the general requirements established for all its studies. Member agencies will find it useful in conducting studies of their own. The manual answers the questions on what makes a study scientific, methods involved in making a study, those persons best qualified to make a study and the use of consultation on health and welfare problems.

Prepared by the Research Service, Health and Welfare Council, 311 S. Juniper St., Philadelphia, Penn.

SPECIAL EDUCATION—STUDY UNITS AND COURSES

877. Rowlands, J. C.

Practical arithmetic in open air schools. Special Schools J. July, 1952.
41:3:26-30.

Practical arithmetic, defined as the application of arithmetic to the child's environment, is especially good for encouraging movement, arousing interest by reason of its reality, for breaking down the barriers between subjects in the school curriculum, to provide a corrective for theoretic arithmetic, encourage cooperation, and foster interest and a knowledge of the natural surroundings. By applying it to the various problems of gardening, woodworking, and other subjects taught, its practical value is appreciated. The writer includes many suggestions for teaching methods.

SPLINTS

878. Buchanan, Josephine J.

Self-help device, by Josephine J. Buchanan and Naomi O. Loeb. G.P., General Practitioner. Aug., 1952. 6:2:52.

SPLINTS (continued)

"...The splint which is described here has the following advantages: It is made of easily obtainable material, it is inexpensive, it can be made by the attending physician or a member of the patient's family, and it can be remolded when desired....(it) is of use to patients with incomplete or insufficient grasp, particularly those who have had spinal cord injuries, poliomyelitis, arthritis, and other neurologic and orthopedic conditions...." The details of construction, with useful hints for handling the materials, can be obtained from the authors. With such a self-help device, the severely disabled patient needs less attendant care and may undertake many useful and profitable pursuits; vocational rehabilitation within the home becomes a possibility.

STUTTERING

879. Wischner, George J.

An experimental approach to expectancy and anxiety in stuttering behavior. J. Speech and Hearing Disorders. June, 1952. 17:2:139-154. Reprint.

"This article is concerned with the role of expectancy and anxiety in stuttering behavior. Following an analysis of the way in which these and related terms have been used by workers concerned with the problems, various aspects of an experimental approach to expectancy and anxiety variables in stuttering are considered. A final section describes several studies concerned with certain functional properties of anxiety and their relation to other kinds of fear and anxiety as they have been investigated in the learning laboratory. It is stressed that stuttering behavior, by virtue of its availability and quantifiability, provides an excellent opportunity for the study of anxiety, not only as it operates in stuttering, but also as it functions in other forms of maladaptive behavior."—Summary.

"This article is based on a portion of a doctoral dissertation completed at the University of Iowa under the direction of Professors Wendell Johnson and Kenneth W. Spence...."

TUBERCULOSIS—EMPLOYMENT

880. Sutton, F. Colin

The rehabilitation of the tuberculous. Rehabilitation. July, 1952. 5:10-14.

Citing examples of rehabilitation work done in a hospital in England for tuberculous patients, the writer lists suitable occupations in which these patients might be employed; the list is in three divisions indicating physical demands of work. Some of the difficulties which the patient encounters on his return to a more normal life outside the hospital are explained, and the role the vocational counselor must play in the total rehabilitation picture is discussed.

TUBERCULOSIS—MENTAL HYGIENE

881. Hudson, Holland

Emotional problems of the tuberculous. J. Rehabilitation. July-Aug., 1952. 18:4:7-10.

TUBERCULOSIS—MENTAL HYGIENCE (continued)

Identifying some of the emotional hurdles which the tuberculous patient and the vocational counselor have to surmount to achieve successful rehabilitation, the writer, who is director of the rehabilitation service for the National Tuberculosis Association, explains the reactions of the patient, the counselor, and other persons whom the patient contacts in adjusting to his post-hospital environment. Since 41,000 persons with a history of tuberculosis have been successfully employed since 1935, it is evident that confidence and stability can be restored to these patients, often through the aid of the vocational counselor.

U. S. NATIONAL INSTITUTE OF NEUROLOGICAL DISEASES AND BLINDNESS

882. Bailey, Pearce

Challenging neurological diseases. Crippled Child. Aug., 1952. 30:2:8-10.

The Director of the National Institute of Neurological Diseases and Blindness has written a short history of this newest unit of the National Institutes of Health. He describes its program in its many phases, how the work is carried out, how applicants for its grants-in-aid are chosen, and the wider opportunity which the Public Health Service's Clinical Center, to be opened in the spring of 1953, will afford for research. The establishment of the institute offers hope to all those who suffer the misery and pain of neurological and sensory conditions.

VETERANS (DISABLED)—SPECIAL EDUCATION

883. Newman, Louis B.

Educational therapy in the Veterans Administration rehabilitation program, by Louis B. Newman and Irving R. Popell. Archives of Physical Medicine. Aug., 1952. 33:8:477-485. Reprint.

"In this paper the authors have described Educational Therapy, an important component of the Physical Medicine and Rehabilitation Service, as it functions in the Veterans Administration, and more specifically, as it operates in the Veterans Administration Hospital, Hines, Illinois...."—Summary. Purposeful educational activities which provide motivation for further rehabilitation, measure and develop work capacity, develop the patient's occupational skill, raise the education level, build self-confidence, and develop socially acceptable habits and attitudes should be seriously considered for civilian rehabilitation as well as veteran.

VOCATIONAL GUIDANCE

884. Lambert, Gerald F.

The counselor as placement specialist. J. Rehabilitation. July-Aug., 1952. 18:4:3-6, 29-30.

Techniques for use in the selective placement of handicapped workers are explained and sources of information for the counselor are cited. The writer shows how the system brings gratifying results, stating the details of two very successful placement records. He warns against two phases of publicity related to the hiring of the handicapped—the stress placed upon employment in defense industry and the hiring of the handicapped because of their disability and need rather than because of their qualifications to meet the standards of production.

885. Scherer, Isidor W.

Vocational planning for the cerebral palsied. Cerebral Palsy Rev. Aug., 1952. 13:8:3-5, 16-17, 19.

SPLINTS (continued)

"...The splint which is described here has the following advantages: It is made of easily obtainable material, it is inexpensive, it can be made by the attending physician or a member of the patient's family, and it can be remolded when desired....(it) is of use to patients with incomplete or insufficient grasp, particularly those who have had spinal cord injuries, poliomyelitis, arthritis, and other neurologic and orthopedic conditions...." The details of construction, with useful hints for handling the materials, can be obtained from the authors. With such a self-help device, the severely disabled patient needs less attendant care and may undertake many useful and profitable pursuits; vocational rehabilitation within the home becomes a possibility.

STUTTERING

879. Wischner, George J.

An experimental approach to expectancy and anxiety in stuttering behavior. J. Speech and Hearing Disorders. June, 1952. 17:2:139-154. Reprint.

"This article is concerned with the role of expectancy and anxiety in stuttering behavior. Following an analysis of the way in which these and related terms have been used by workers concerned with the problems, various aspects of an experimental approach to expectancy and anxiety variables in stuttering are considered. A final section describes several studies concerned with certain functional properties of anxiety and their relation to other kinds of fear and anxiety as they have been investigated in the learning laboratory. It is stressed that stuttering behavior, by virtue of its availability and quantifiability, provides an excellent opportunity for the study of anxiety, not only as it operates in stuttering, but also as it functions in other forms of maladaptive behavior."—Summary.

"This article is based on a portion of a doctoral dissertation completed at the University of Iowa under the direction of Professors Wendell Johnson and Kenneth W. Spence...."

TUBERCULOSIS—EMPLOYMENT

880. Sutton, F. Colin

The rehabilitation of the tuberculous. Rehabilitation. July, 1952. 5:10-14.

Citing examples of rehabilitation work done in a hospital in England for tuberculous patients, the writer lists suitable occupations in which these patients might be employed; the list is in three divisions indicating physical demands of work. Some of the difficulties which the patient encounters on his return to a more normal life outside the hospital are explained, and the role the vocational counselor must play in the total rehabilitation picture is discussed.

TUBERCULOSIS—MENTAL HYGIENE

881. Hudson, Holland

Emotional problems of the tuberculous. J. Rehabilitation. July-Aug., 1952. 18:4:7-10.

TUBERCULOSIS—MENTAL HYGIENCE (continued)

Identifying some of the emotional hurdles which the tuberculous patient and the vocational counselor have to surmount to achieve successful rehabilitation, the writer, who is director of the rehabilitation service for the National Tuberculosis Association, explains the reactions of the patient, the counselor, and other persons whom the patient contacts in adjusting to his post-hospital environment. Since 41,000 persons with a history of tuberculosis have been successfully employed since 1935, it is evident that confidence and stability can be restored to these patients, often through the aid of the vocational counselor.

U. S. NATIONAL INSTITUTE OF NEUROLOGICAL DISEASES AND BLINDNESS

882. Bailey, Pearce

Challenging neurological diseases. Crippled Child. Aug., 1952. 30:2:8-10.

The Director of the National Institute of Neurological Diseases and Blindness has written a short history of this newest unit of the National Institutes of Health. He describes its program in its many phases, how the work is carried out, how applicants for its grants-in-aid are chosen, and the wider opportunity which the Public Health Service's Clinical Center, to be opened in the spring of 1953, will afford for research. The establishment of the institute offers hope to all those who suffer the misery and pain of neurological and sensory conditions.

VETERANS (DISABLED)—SPECIAL EDUCATION

883. Newman, Louis B.

Educational therapy in the Veterans Administration rehabilitation program, by Louis B. Newman and Irving R. Popell. Archives of Physical Medicine. Aug., 1952. 33:8:477-485. Reprint.

"In this paper the authors have described Educational Therapy, an important component of the Physical Medicine and Rehabilitation Service, as it functions in the Veterans Administration, and more specifically, as it operates in the Veterans Administration Hospital, Hines, Illinois...."—Summary. Purposeful educational activities which provide motivation for further rehabilitation, measure and develop work capacity, develop the patient's occupational skill, raise the education level, build self-confidence, and develop socially acceptable habits and attitudes should be seriously considered for civilian rehabilitation as well as veteran.

VOCATIONAL GUIDANCE

884. Lambert, Gerald F.

The counselor as placement specialist. J. Rehabilitation. July-Aug., 1952. 18:4:3-6, 29-30.

Techniques for use in the selective placement of handicapped workers are explained and sources of information for the counselor are cited. The writer shows how the system brings gratifying results, stating the details of two very successful placement records. He warns against two phases of publicity related to the hiring of the handicapped—the stress placed upon employment in defense industry and the hiring of the handicapped because of their disability and need rather than because of their qualifications to meet the standards of production.

885. Scherer, Isidor W.

Vocational planning for the cerebral palsied. Cerebral Palsy Rev. Aug., 1952. 13:8:3-5, 16-17, 19.

VOCATIONAL GUIDANCE (continued)

The purpose of this discussion is to offer an early and realistic vocational planning program to the parents of the cerebral palsied child with the aim of enabling the child to more fully realize his capacities, meet the needs likely to arise in later life, and develop interests consistent with his assets and his liabilities. Practical ways in which the parents of a cerebral palsied child may assist in early vocational training are suggested. The article purposely does not attempt to offer a specific job list but offers a tentative outline of suggestions to parents to acquaint them with the duties they and the professional workers should discharge if efficient vocational planning is to be realized. The author points out some of the pitfalls of inadequate evaluation and poor planning. If the child is early taught the importance of values consistent with his disabilities, he will be more content with his choice of vocation.

See also 806.

VOCATIONAL REHABILITATION

886. Elton, Frederic G.

Vocational activity, a therapy. Bul., Am. Rehabilitation Committee. July, 1952. 1:1. Reprinted from The Councillor, June, 1952.

With this issue, vol. 1, no. 1, the American Rehabilitation Committee, 28 E. 21st St., New York, N. Y., has commenced publication of its bimonthly Bulletin. From 1927 to 1938, the Committee published the internationally known monthly, the Rehabilitation Review.

This first issue of the Bulletin consists of a paper presented at the meeting of the Baltimore League for Crippled Children, February 13, 1952. Each issue will carry an article of major interest to those engaged in the rehabilitation field and will be written by authorities recognized in their subject field. Mr. Elton, who is director of the Committee and has served for thirty years as district director, in New York City, for the state division of vocational rehabilitation, presents the idea that work therapy is a vocational activity and as such is an actual part of vocational service. It should not be construed as a medical service, administered by the doctor. He stresses the team approach to rehabilitation but lays equal emphasis on all types of services for rehabilitation. Only by adopting a common goal—the restoration of the ability to work and the desire to work at the maximum, can total and successful rehabilitation be achieved. He explores the early laws set up by Federal and State governments for the administering of rehabilitation services but points out their use should be only for providing such services where needed, and not allowed to become a form of socialized medicine.

WALKING—EQUIPMENT

887. Robin, Elizabeth Miller

Hints for crutch walkers. Crippled Child. Aug., 1952. 30:2:16-17.

The writer of this article makes many suggestions which the crutch walker may find helpful in caring for crutches, in caring for the skin where braces are worn, in choosing clothing and accessories to add to one's comfort and meet the demands of the crutch walker.

WORKMEN'S COMPENSATION

888. Galbraith, D. J.

Workmen's compensation and rehabilitation. Am. J. Public Health. Aug., 1952. 42:8:963-966.

WORKMEN'S COMPENSATION (continued)

Workmen's compensation in North America, with no more than 40 years' history in any state and only a few years in some, has made widely varying progress. The author of this article briefly reviews compensation practices in the United States and Canada and states that much remains to be accomplished. Responsibility for rehabilitation lies with organized medicine, labor and management, but the agency chosen for the prompt and efficient carrying out of the whole program should be the compensation authorities, the author feels.

New Books Briefly Noted

EMPLOYMENT (INDUSTRIAL)

889. Germany, Landesarbeitsamt Nordrhein-Westfalen

Technische arbeitshilfen für schwerbeschädigte; erste zusammenstellung von beispielen aus der praktischen vermittlungsarbeit in Norhrhein-Westfalen. (Dusseldorf, Landesarbeitsamt) 1952. (132 p.) Photographs. Looseleaf.

A report on the adaptation of machines and tools for the physically handicapped, published in Germany and with text in German. Individually mounted photographs with explanatory text and, in many instances, specifications for the necessary adaptations, make this a practical and informative book, about a field in which little or nothing, to date, has been published.

EMPLOYMENT (INDUSTRIAL)—PLACEMENT

890. Harman, Bert

Physical capacities and job placement. Stockholm, Nordisk Rotogravyr, c1951. 167 p.

"A critical study of the theory and practice of job placement in nine European countries and the United States, with special reference to the placement of disabled persons, and containing a manual of operations."

The author originally planned to assemble material on the placement of disabled workers, but since it was found that no more than one per cent of all workers is physically fit for all work, he revised his study to include all workers. Although written primarily for industrial psychologists and industrial physicians there are sections of interest to employers, personnel offices, engineers, safety men, supervisors, and rehabilitation offices.

Distributed in the U.S. by John de Graff, Inc., Box 1, Ardsley-on-Hudson, N.Y., at \$5.00 a copy.

PSYCHIATRY

891. London, Louis S.

Transvestism—desire for crippled women. New York, Corinthian Publications, c1952. 129 p. (Dynamic Psychiatry, vol. 2). \$2.50.

A case of transvestism which is designated as a sexual deviation, the desire to dress as a member of the opposite sex and with a psychopathological interest in crippled women, is described by the author. The book is divided into three parts: Chapter I deals with the anthropological and historical aspects of the deviation, Chapter II consists of fifty drawings submitted by the patient and described in his own language, and Chapter III is an analysis of the case. The psychodynamics as presented by the author consisted of an unresolved Oedipus complex. "...The case described in this book is very unique and has never been described in psychiatric literature...."

PUBLIC HEALTH NURSING

892. Gilbert, Ruth

The public health nurse and her patient. 2d. ed. rev. and enlarged. New York, The Commonwealth Fund, c1951. 348 p. \$3.75.

A revised and expanded edition of a book with the same title published in 1940 which includes the more recent developments in the field of mental hygiene as related to public health nursing. It deals with the relationships of the public health nurse with the various patients she meets in the course of her activities such as the child and maternity patient, with the art of nursing particularly in its psychological aspects, and the relationships of the nurse with her co-workers.

Chapter V, "Nursing the Sick Patient," consists of two parts: Part I, Attitudes Toward Illness, Disability, and Bedside Care; Part II, Mental Defect and Mental Illness As Seen by the Public Health Nurse.

